

DOCUMENT RESUME

ED 353 161

SO 021 241

TITLE Fighting the Drug War.
INSTITUTION Council of State Governments, Lexington, Ky.
PUB DATE 90
NOTE 32p.
PUB TYPE Collected Works - Serials (022)
JOURNAL CIT The Journal of State Government; v63 n2 Apr-Jun 1990

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Current Events; Drug Abuse; Federal Government; Government (Administrative Body); *Government Role; *Illegal Drug Use; Law Enforcement; *Public Policy; Social Problems; *State Government; State Programs

IDENTIFIERS *War on Drugs

ABSTRACT

All nine articles in this periodical issue focus on the theme of the war against illegal drug use, approaching the topic from a variety of perspectives. The articles are: "The Drug War: Meeting the Challenge" (Stanley E. Morris); "Ways to Fight Drug Abuse" (Bruce A. Feldman); "Treatment Key to Fighting Drugs" (Stan Lundine); "Patience and Persistence: A Winning Strategy in the Drug War" (Jim Jones); "States Vital to National Drug Effort" (Edwin J. Delattre); "Hidden Dangers of the Drug War" (David F. Musto); "A Harmfulness Tax: Legalize and Tax Drugs" (Lester Grinspoon); "Cities Need Money to Fight Drugs" (Julio Barreto, Jr.; Janet E. Quist); and "States Must Lead Local Efforts" (Donald L. Reisig; Richard J. Liles). Connections with the field of education occur in descriptions of student assistance programs and in the emphasis on education as the key to reducing demand. (DB)

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STATE GOVERNMENT

Volume 63, Number 2

April-June 1990

Fighting the Drug War

The Drug War: Meeting the Challenge

by Stanley E. Morris

Ways to Fight Drug Abuse

by Bruce A. Feldman

Treatment Key to Fighting Drugs

by Stan Lundine

Patience and Persistence: A Winning Strategy in the Drug War

by Jim Jones

States Vital to National Drug Efforts

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Hidden Dangers of the Drug War

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A Harmfulness Tax: Legalize and Tax Drugs

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Cities Need Money to Fight Drugs

by Julio Barreto Jr. and Janet E. Quist

States Must Lead Local Efforts

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(606) 231-1939

Eastern: Alan V. Sokolow, Director
270 Broadway, Suite 513
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Council Editorial Staff:

Dag Ryen, Director, Information Services
Elaine Knapp, Executive Editor
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The Council of State Governments
Iron Works Pike
P.O. Box 11910
Lexington, KY 40578-1910

Effective with Volume 63, Number 1, the *Journal* is published quarterly, rather than bimonthly.

The opinions expressed by authors are their own and do not necessarily reflect opinions or policies of The Council of State Governments.

The *Journal of State Government* is published quarterly by The Council of State Governments, Iron Works Pike, P.O. Box 11910, Lexington, KY 40578-1910. Annual subscription: \$40. Single copies: \$15. For address change, notify The Council of State Governments, Iron Works Pike, P.O. Box 11910, Lexington, KY 40578-1910.

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TABLE OF CONTENTS

Fighting the Drug War

<i>The Drug War: Meeting the Challenge</i> by Stanley E. Morris	29
<i>Ways to Fight Drug Abuse</i> by Bruce A. Feldman	32
<i>Treatment Key to Fighting Drugs</i> by Stan Lundine	35
<i>Patience and Persistence: A Winning Strategy in the Drug War</i> by Jim Jones	37
<i>States Vital to National Drug Efforts</i> by Edwin J. Delattre	40
<i>Hidden Dangers of the Drug War</i> by David F. Musto	43
<i>A Harmfulness Tax: Legalize and Tax Drugs</i> by Lester Grinspoon	46
<i>Cities Need Money to Fight Drugs</i> by Julio Barreto Jr. and Janet E. Quist	50
<i>States Must Lead Local Efforts</i> by Donald L. Reisig and Richard J. Liles	52

Editor's Note

Those fighting the war on drugs concede there's no single path to victory. Education, prevention, treatment, law enforcement and corrections are all vital to success. Neither is the battle likely to be won by governments alone — no matter how closely they coordinate their strategies.

Just as was said of Vietnam, this is a war that only will be won in the hearts and minds of the people. And while the public supports the drug war, there seems to be large numbers of dissenters who support casual and heavy drug habits.

The good news is that the number of Americans who use illicit drugs is apparently falling. From 1985 to 1989, Americans who used cocaine, marijuana or other illegal drugs dropped from 23 million to 14.5 million, according to a federal survey. The bad news is that while the number of casual cocaine users dived to 2.9 million, the number of frequent users climbed to 862,000.

Crack, a smokable form of cocaine, gained rapid popularity for providing an intense high at a cheap price. While crack's spread in the ghettos is well publicized, middle- and upper-class Americans have just as big an appetite for its pleasures.

The human attraction to mood altering substances can hardly be denied. Some experts contend that human nature dooms to failure any effort to eradicate illegal drugs. Ronald K. Siegel, a research psychopharmacologist, argues that governments would be better off to seek non-toxic, non-addictive substances to replace today's more dangerous drugs.

Still, the reality is that too many people abuse drugs to their own detriment and that of society. Most obviously, people are harmed by crimes committed in the name of drugs — especially as murders, gang warfare and robberies escalate.

Drug abuse has many costs, including the 375,000 babies born each year to mothers addicted to cocaine. The pain and suffering of these infants is heartbreaking, and the lasting damage they suffer is yet to be calculated. Meanwhile, taxpayers pick up the hundreds of millions of dollars spent for hospital and foster care.

While victory in this war might never be complete, reducing the toll taken by drug abuse is worth fighting for. There is disagreement, however, on the best way to fight the drug war.

The federal strategy stresses cooperation among federal, state and local governments. Stanley E. Morris, writing for the Office of National Drug Control Policy, says the federal government will continue to rely on states and local governments to carry out their traditional responsibilities.

Ways that Pennsylvania is combating illegal drugs are reported by Bruce A. Feldman. New York Lieutenant Gov. Stan Lundine relates his state's efforts to expand drug treatment for prisoners. A comprehensive approach of education, treatment and enforcement is outlined by Idaho Attorney General Jim Jones.

The involvement of state governments is vital to a winning strategy, according to Edwin J. Delattre of the American Enterprise Institute. Delattre also argues against the legalization of currently illicit drugs.

A historical perspective to our current war on drugs is provided by David F. Musto of Yale University, who reminds us of the boom and bust cycle of past drug use. Musto also cautions against harmful racial and ethnic stereotypes in our eagerness to overcome illicit drugs.

Legalization of illicit drugs is one of the more controversial remedies advocated by some unlikely authorities, among them former Secretary of State George P. Shultz. Harvard Professor Lester Grinspoon argues that legalization and regulation might be the answers to controlling drug abuse and taking the profit out of drug dealing.

Finally, the question of whether the federal government should channel its anti-drug funds directly to cities instead of to states is considered by Julio Barreto Jr. and Janet E. Quist of the National League of Cities and Michigan's Donald L. Reisig and Richard J. Liles.

Our hope is that state officials will find the articles in this *Journal* of value as they consider their own approaches to combating illegal drug abuse.

— Elaine S. Knapp

The Drug War: *Meeting the Challenge*

by Stanley E. Morris

America's battle against drugs requires federal, state and local cooperation — as well as a public will to reduce the demand for drugs.

The drug scourge is adversely affecting the United States' ability to govern itself. In addition, the drug issue has become a national security concern as traffickers have become major destabilizing influences around the world, funding and assisting terrorist organizations in at least a dozen countries. Drug trafficking also has enriched criminal organizations and, in some areas of the world, drug money is the primary economic resource. As the Department of State has fought international drug production and trafficking, Secretary Baker has called drugs second only to war and peace as a priority of U.S. foreign policy.

Dimensions of the Problem

Despite its worldwide dimension, however, the most obvious adverse effect of drugs is the destruction of so many individual users. While not all users of drugs become addicts, and not all addicts end up as wasted "burnt out cases," many do. The effects of crack cocaine, heroin or hallucinogens on the vulnerable in our society — the young, the poor, the psychologically weak — can be devastating. Drugs destroy hope, ambition and friendships. Drugs have undermined the family structure. U.S. Sen. Daniel Moynihan, D-N.Y., observed that while the welfare system in the 1960s created the "one parent family," drugs are creating the "no parent family." Many babies are abandoned in city hospitals and many more are born addicted to cocaine.

Stanley E. Morris is deputy director of The Office of National Drug Control Policy. The article printed is compiled from remarks made to The Council of State Governments' "States' Summit '89 — Challenges and Choices for the '90s" in Salt Lake City, Utah, Dec. 6, 1989.

As society looks to the education system not only to impart knowledge but also to instill values, many educators are asked to become more than teachers, but many feel ill-prepared to face the pressures caused by student drug use.

Drugs are burdening the health care system. In addition to drug overdoses and the need for drug treatment, the drug epidemic is increasing crime-related injuries and causing a rise in AIDS and venereal diseases. The crack crisis, newer substances like methamphetamine, and the resurgence of traditional drugs like heroin are burdening our national ability to provide health care for the poor. No one doubts that greater resources need to be applied in the treatment of addicts and their babies, or that communities must be mobilized to address the long-term dimensions of this problem.

We must recognize the ancillary health consequences of drugs. Syphilis and AIDS are on the increase as a result of the drug epidemic. We are just beginning to see the adverse long-term effects on our health care system. A system that was teetering before is now on the verge of collapse in many communities.

Drug abuse is not a victimless crime, its victims are everywhere. The victims of our insatiable demand for drugs are not just neighborhoods and cities, but the citizens of our country, our economy and struggling democracies around the world.

Our criminal justice system is overwhelmed by the onslaught of drug related crimes. The ability of the police to ensure community safety and order is being severely tested. In some cities, the nights approach anarchy. The courts are packed, jail space is unavailable, prosecutors are overworked, public defenders are in despair and almost nowhere is there adequate prison space to

house the worst offenders. The new, more violent offender has more than tripled the number of prisoners awaiting trial and doubled the federal prison population. This phenomenon has occurred in less than eight years. Meanwhile, the constitutional guarantee of certain and fair justice is in serious jeopardy.

Drug abuse is not a victimless crime, its victims are everywhere. The victims of our insatiable demand for drugs are not just neighborhoods and cities, but the citizens of our country, our economy and struggling democracies around the world.

Unfortunately, the complexity of the drug problem has led to finger-pointing. Cities blame the federal government. States are accused of failing to provide prison space or to fund financially strapped cities. Police blame schools for not teaching values, but themselves are criticized for having lost control of the streets. Courts are blamed for not providing swift and sure justice, and for demonstrating excessive concern for criminal rights at the expense of victims.

Blaming others must stop. Only when we stop looking toward others to resolve the drug dilemma and start working together, will we succeed. We need a strong commitment to the National Drug Control strategy to mobilize the nation's resources, expertise and energy in a long-term assault on drug abuse. Despite this bleak assessment, progress is being made. Governments — at all levels — are responding in ways that recognize the complexity of the drug issue. There is less talk about what the "solution" to the drug problem is, and more recognition that the problem must be solved through a comprehensive, long-term strategy that includes many approaches and professional disciplines.

International Efforts

That drugs are an international problem is recognized at home and abroad. No continent is immune from its consequences. It is a primary concern of police agencies worldwide. It is an issue of increasing international interest. The United Nations holds conferences, the European Community organizes committees, and Interpol devotes increasing attention to trafficking and smuggling.

The international nature of commerce puts great pressure on our ability to control the entry of drugs into the United States. This aspect of the drug problem requires a uniquely federal role to secure the borders. Whether drugs or aliens,

ivory or terrorists, this nation has difficulty preventing people and goods from entering. Our approach to dealing with our borders and interdiction of illicit contraband or illegal entry must be re-examined and strengthened. Drugs simply exacerbate this challenge.

Federal Progress

The federal justice system is undergoing fundamental changes as a result of the growth in national and international criminal organizations involved in drug trafficking.

The Drug Enforcement Administration and the U.S. Customs Service have been joined in fighting drugs by the Coast Guard, the Federal Bureau of Investigation, the Immigration and Naturalization Service and U.S. Border Patrol, the military services, the U.S. Forest Service, the U.S. Marshals Service, the Central Intelligence Agency and others. These increased resources enhance anti-drug efforts, but also complicate the management of the nation's "War on Drugs." This often leads to the inaccurate conclusion that efforts are disjunctive and uncoordinated.

The federal government is expanding its efforts in international affairs, border interdiction and law enforcement. It also is stepping up intelligence collection and sharing. The Department of Defense and the uniformed services are detecting and monitoring illegal smuggling activities. In addition, they are providing resources and expertise in research, intelligence, training and equipment.

Agencies with overlapping responsibilities and jurisdictions along the Southern border of the United States are coordinating their efforts. The military is detecting and monitoring aircraft and ships suspected of drug smuggling. The Treasury and Justice Departments track the distribution of legal chemicals essential to processing illegal drugs. Major new efforts to track the flow of illegal monies are aimed at eliminating the ability of narcotics organizations to launder such funds.

Additionally, the State Department is pressing foreign governments to treat drug trafficking as a serious international crime. The Central Intelligence Agency has established a Counter Narcotics Center focusing on international drug trafficking. Powerful laws enacted in 1984, 1986, 1988 and 1989 are making the federal courts a force to be reckoned with by drug dealers — not just in the United States — but around the world. Federal courts are the preferred venue for dealing with many illegal activities that previously would have been tried in local courts. Federal courts are becoming "national drug courts" with little time left for other cases. To support these laws, prison construction has increased.

Federal Government Can't Do It Alone

Despite drugs' worldwide dimension, many solutions to the drug problem are peculiarly local. The solution to our nation's drug problem will probably result more from the concerted efforts of local governments and communities than by national or international crusades.

The National Drug Control Strategy announced by President Bush in September 1989 and expanded in January 1990 is intended to provide direction to states and localities. The national strategy sets goals that challenge all levels of government and society to attack the drug problem.

All levels of government must expand to deal with the drug problem. The Bush administration is not going to federalize local police, education or medical treatment. The federal government must concentrate on national responsibilities. Education and treatment have been primarily local responsibilities. For example, juveniles involved in drug-related crime require programs, resources and detention facilities. While costly to local governments, the juvenile justice system must be in proper working order. Too many jurisdictions, however, have not kept pace with the impact that drugs are having on juvenile justice.

Education is traditionally a local responsibility. While the federal government can identify successful programs for discouraging drug use by children, the obligation to educate is a local one. It is up to local schools to establish programs, train teachers and enforce anti-drug school policies.

Prisons and jails have been a state and local responsibility and should remain so. The reluctance of communities to accept jails and prisons impedes building adequate facilities. "Not in my backyard" is the common refrain heard in opposition to jail and prison construction proposals. Communities must understand they are better off when drug traffickers are in prison, rather than sneaking around in a nearby alley. Only strong state and local political leadership can overcome this opposition, and persuade the public that an investment in jails and prisons is an investment in safer streets.

Local law enforcement — whether state police, sheriffs or city and town police — need resources

to secure the streets. This means more police, but it also means jails to house those arrested, court time to prosecute and prison space to incarcerate. The federal government is helping by establishing drug task forces, increasing the intelligence available, assisting in training of local police officers, and even providing grant-in-aid funds to police. But the frontline troops in this war remain, as always, the local police.

All levels of government must expand to deal with the drug problem. The Bush administration is not going to federalize local police, education or medical treatment.

Governments at all levels must be challenged to provide services and direction to citizens in diverse ways.

Private Sector Actions

Governments alone cannot substantially reduce the demand for illegal drugs. Community disapproval of drug abuse is essential. Community organizations, churches, colleges and universities, the media, and business leaders can demonstrate society's opposition to drug use and participate in policing the community and in anti-drug programs. Governments must motivate private sector opposition to drug abuse. Some view drugs as only a symptom of root causes. It is a smokescreen, however, to assert that no progress can be made until poverty is eliminated or until family structure returns. The demand for and availability of drugs can be reduced. All that is required is the national and international will to do so. Action must be taken not only in the hills of Burma, and the valleys of Peru and Bolivia, but in our statehouses, boardrooms and communities.

Long-term success in the drug war will come when the abusers' seemingly insatiable demand for a drug high is eliminated, and when we can effectively treat and rehabilitate those who have become addicted. The leadership for this rests with everyone — individually and collectively. We cannot afford to fail.

Ways to Fight Drug Abuse

by Bruce A. Feldman

Pennsylvania is marshaling its resources to combat drug abuse and showing the way for other states.

If there exists a ready-made and speedy prescription for drug abuse and its social ills, Pennsylvanians are not so presumptuous as to suggest we have discovered it.

In spite of national frustrations in enforcing drug laws, treating addiction and helping citizens resist drug abuse, Pennsylvanians have cause for hope — we see the results of state efforts to gain the upper hand in this crisis. We believe our willingness to try the untried, build upon the successes of others and carve out a significant and purposeful role for state government contribute to this optimism.

Pennsylvania was recognized for its "impressive drug program" in President Bush's January 1990 National Drug Control Strategy. What does Pennsylvania do to combat drug abuse that deserves mention? Pennsylvania is active on many fronts in attacking illegal drugs. The state police and office of attorney general are vigorously employing new state resources from the Pennsylvania Drug-Free Community Trust Fund — PENN-FREE — to apprehend and prosecute drug law offenders. Pennsylvania is increasing its capacity to incarcerate offenders and offer treatment opportunities for many who languish in jail. All too often, these untreated addicts are ill-equipped to live without alcohol and other drugs, and commit new crimes when released from jail.

Addicted Women With Young Children

Pennsylvania makes efforts to help those previously ignored. For example, Gov. Robert P. Casey's program replicated a model for treatment of addicted women with young children. Maternal and infant care is in vogue now — it wasn't

Bruce A. Feldman is executive director of Pennsylvania Gov. Robert P. Casey's Drug Policy Council.

popular 11 years ago when a Pennsylvania treatment program called Vantage House began its quest to treat the female addict with compassion and understanding.

Many addicted mothers refuse long-term residential drug treatment because there is no one to care for their children. Vantage House, operated by Gaudenzia, Inc., allows mothers receiving treatment to have their children live with them. The children benefit, too, for they are exposed to early intervention, prevention and education in a stable and caring environment.

Medical Assistance Coverage

In December 1988, Casey approved historic legislation that made Pennsylvania the first state in the nation to provide comprehensive alcohol and other drug abuse treatment services to those in need under the Medical Assistance program. This legislation authorizes the state to pay for long-term inpatient treatment for alcoholism and drug addiction in a non-hospital setting. The reimbursement system is being phased in statewide over five years. Pennsylvania didn't stop here, though. The state provided \$11.5 million in new funds to begin the system in Philadelphia and other locations across the state. The state will continue to dig deep to pay for this landmark program.

Student Assistance Programs

Pennsylvania aids secondary students to keep them drug free. The Student Assistance Program, like employee assistance programs in industry, identifies troubled students and helps them participate in their educational process. A unique aspect of Pennsylvania's Student Assistance Pro-

grams is the support received from the private sector. The Grand Lodge of Free and Accepted Masons of Pennsylvania, following the lead of Carl W. Stenberg Jr., past grand master, allows free use of its facilities for training school personnel to implement the programs. The Lodge also underwrites innovative demonstration programs for addicted women and children.

PENNFREE Takes an Active Role

State government lacks the resources to rid the state of alcohol and drug abuse. Pennsylvania has no military to keep drugs out. Civilian police authorities and our national guard often are circumvented by drug traffickers. Hundreds must wait for too few publicly subsidized treatment programs. Schools and community agencies struggle to cope with "people problems" that sabotage education and prevent learning from taking place.

Many bright and dedicated people have pledged to eradicate alcohol and other drug abuse — educators, counselors, police officers, parents and clergy. Their struggles are beginning to pay dividends. State leaders seek to ratify their success in fighting drugs while acknowledging there is no simple solution.

There are assets state government can contribute to this drug-fighting partnership. These include an eagerness to speak out forcefully in favor of anti-drug abuse activities, a commitment of resources to make changes and an understanding that the credit for success must be shared with those inside and outside of government.

Drug abuse is not a bi-partisan issue, even though this expression has gained some currency. This characterization of our joint struggle is flawed because it politicizes the effort. The issue is non-partisan. Lasting success will occur when government at every level works hand-in-hand with families, individuals, and private institutions. Laboring alone, we don't stand a chance.

Rhetoric is important; it's not the villain that it's often made out to be. What we say about our policies and our priorities, and how we say it, can galvanize us to act in ways that promote a vision of a state and nation free of drug abuse. Successful government leaders learn quickly that a quintessential element of effective leadership is the ability to mobilize constituencies around an issue of common concern — in this case, to cultivate public and private support for resolution of the alcohol and drug abuse crisis.

By publicly sharing policies and priorities, rhetoric serves as a rallying point for future action. Equally important, it affords us the chance to check the accuracy of our perceptions. If we vocalize our beliefs we'll soon discover whether

we've correctly assessed the mood and resolve of our citizens — they'll tell us.

Devising Public Solutions

Pennsylvania's governor isn't content with rhetoric alone. His gestures would ring hollow without substance and purposeful direction. And so, having spoken out on the issue of drug abuse, Casey took his Drug Policy Council on the road in 1989. Seven public forums were held in communities around the state. The governor, attorney general, members of the cabinet and representatives of the general assembly heard and saw what was happening in the state. Alcohol, drug abuse and the ravages of addiction are destroying the hopes, dreams and lives of our people — men, women and children from every level of Pennsylvania society in our cities, towns and villages.

The democracy at work through the hearings resulted in overwhelming support for the governor's plan to invest an additional \$90 million of state funds over the next two years to bolster drug law enforcement, drug abuse treatment, education and other prevention strategies.

The governor has said that freeing our people from the scourge of drug abuse and the escalating costs of human services and lost productivity borne by taxpayers is the most important task that government faces in the 1990s. He sees the imprint of drug abuse on almost every page of our state budget, and on the budgets of county and municipal governments and schools.

The democracy at work through the hearings resulted in overwhelming support for the governor's plan to invest an additional \$90 million of state funds over the next two years to bolster drug law enforcement, drug abuse treatment, education and other prevention strategies. This investment — the governor's plan for a drug-free Pennsylvania, called PENNFREE — demonstrates to our citizens that their state government is a responsible partner. We're not afraid to take our own medicine and, in the process, we enhance the possibility of healing ourselves. Such a substantial commitment to action and investment proves that we're not relying too much on the federal government or financially strapped county and local governments to put our house in order.

Learning from Others

Have we declared victory in our effort to eradicate alcohol and drug abuse? Of course not. We

know that victory is a long way off. Do we believe that a unified Pennsylvania will achieve a drug-abuse free environment for our children without the help and support of our sister states? Again, the answer is a resounding no. Our state is not an island, free and independent of its neighbors. We have much to learn from each other and much to share. The Middle Atlantic Governors' Compact on Drug and Alcohol Abuse is an example of neighbors recognizing their inter-relatedness and the value of working cooperatively toward a common goal. Reinventing the wheel may yield a sense of accomplishment, but we don't have the

time or money to waste. Nor will we permit ourselves to become complacent and content with modest improvements. The momentum exists now. Relaxing our vigil only deprives us of a valuable opportunity to maintain our course for the future.

Families, individuals, schools, community and neighborhood organizations have come to appreciate our sincerity. We've already succeeded in one sense. We've restored our people's faith in state government — we believe that our partnership has promise.

MEET THE CHALLENGE

Attend The Council of State Governments' 1990 Regional Conferences and explore the issues of tomorrow.

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Treatment Key to Fighting Drugs

by Stan Lundine

By offering treatment to drug abusers in prisons, New York is tackling the crime at its roots and making progress in the war on drugs.

When 13-year-olds rob stores at gunpoint and gangs overtake school yards and communities, pressures increase for stepped up law enforcement to combat drugs and crime. More than 70 percent of President Bush's proposed drug budget would go toward criminal justice initiatives, interdiction and border activities.

Although few would quarrel with the need for strong law enforcement, the question is one of balance. Can law enforcement be pursued effectively without equal attention to demand reduction strategies? I think not.

As chairman of New York's Anti-Drug Abuse Council, I have conferred with sheriffs and police officers, addicts, school teachers and public health officials across the state. Parts of the state have become war zones of wasted lives and violent death — a war declared by dealers of killer drugs that turn dreams into nightmares, unborn babies into addicts and communities into chaos. My observations confirm research that shows treatment and prevention work, and without them law enforcement efforts are jeopardized.

As in many other states, the drug crisis has overloaded New York's prisons, courts and parole and probation systems. Statistics reveal the dimensions of the crisis:

- Since 1980, the number of drug offenders in New York prisons has risen by 637 percent.
- Almost one in every three persons incarcerated in New York was brought in on drug charges.
- Eight of 10 persons arrested on felony charges in New York City test positive for drugs.

The strain drugs place on the criminal justice system has forced the local enforcement community to re-think its anti-drug strategy. Sheriffs and police chiefs who for years assumed a "round 'em up and lock 'em up" posture are calling for

more drug treatment and education — previously seen as "soft" solutions.

Law enforcement officials are not the only ones who support more drug treatment. On a visit to a drug treatment unit at Riker's Island, a correctional facility in New York City, I saw inmates using the telephone around the clock in a search to reserve space in treatment programs upon release. There is a great demand for treatment, but a scarce supply.

New York Expands Treatment

New York is committed to providing treatment to those who want and need it. Last July, Gov. Mario M. Cuomo signed the Omnibus Criminal Justice Bill, which provided for 2,000 new beds in prison drug treatment annexes.

There, however, are many inmates in New York's corrections system who belong in community-based drug treatment programs. The state would save by investing in treatment programs. It costs us more than \$100,000 to build a prison cell in New York vs. \$25,000 for a drug treatment bed. New York's costs are \$24,000 a year for a prison bed vs. \$18,000 for a treatment bed. This does not include the benefits of a successful recovery to society and to the addicted individual.

New York in 1990 will expand its intensive supervision program for parolees and probationers who have histories of drug abuse. By increasing drug testing and providing drug counseling training for parole and probation officers, the state will relieve the corrections system and help addicted offenders keep free from drug abuse. The state also will offer an incentive program to help counties establish treatment programs for those convicted of crimes.

If President Bush and William Bennett were more attuned to the pulse of local law enforce-

Stan Lundine is lieutenant governor of New York and chairman of New York's Anti-Drug Abuse Council.

ment, I believe they, too, would support grassroots anti-drug efforts and expand opportunities for drug treatment.

Yet, Dr. Herbert Kleber of the Office of National Drug Control Policy, writing in the *New York Times*, defended the administration's decision not to pursue a policy of treatment on demand.

Some 6 million drug abusers nationwide need treatment now. Fewer than 200,000 treatment slots are available.

I believe this administration policy effectively condemns addicts and communities to suffer through a continuing epidemic of drug abuse and crime. By contrast, New York has decided to greatly expand drug treatment as part of its \$1.4 billion anti-drug effort for the coming year. New York's proposed budget would quadruple its residential drug treatment capacity in the next five years, bringing the state's total capacity to 20,000 beds. This spring New York will have 7,200 new state-supported residential treatment slots either open or under contract.

Treatment Reduces Crime

Experience and studies have shown that treatment works. A 1987 analysis by economists at the Research Triangle Institute concluded that three to five years after receiving treatment, former drug abusers had reduced their criminal activity by as much as 77 percent and employment doubled among those treated. The study concluded that every dollar spent for drug treatment returned more than four dollars to society in lower law enforcement and related costs.

In other words, either we pay for drug treatment today or we'll pay four times more for the costs of addiction tomorrow. And those costs will be huge. Some 6 million drug abusers nationwide need treatment now. Fewer than 200,000 treat-

ment slots are available. Can America really claim to be serious about winning a war on drugs if we turn away addicts seeking treatment? A policy which sends addicts back to the street to commit more crimes and create more victims is illogical and cruel.

Critics of New York's strategy of treatment expansion mention community resistance to hosting facilities as well as shortages of trained addiction professionals. The state's proposals address these practical problems of treatment expansion.

An example is New York's development of "drug treatment campuses." The proposal calls for the acquisition or construction of at least two treatment campuses designed to serve 2,000. New York is exploring locating one or more campuses on government-owned land, which would allow the state to overcome many of the problems associated with community-based facilities. The plan is for treatment campuses to use a host of treatment providers, including a crack clinic, separate treatment programs for women and services for children. The campus programs would be linked by core services such as health care, education, job training and employment services.

Vocational training, counseling and education are crucial to treatment success. Providers at the campuses would be required to have approved plans for continuing care of clients following the initial treatment. Clients also might be referred to half-way houses and other supportive living environments. The campuses might host research and training facilities.

As the White House and policy-makers across the nation consider what to do about the scourge of drugs, they would be wise to adopt a balanced approach that couples law enforcement with demand reduction measures. Treatment on demand is crucial. It's economical, effective and practical. With innovative approaches, such as the use of drug treatment campuses, barriers to success can be removed. We should not confuse the difficult with the impossible nor should we assume the policies of yesterday are fit for the realities of tomorrow.

Patience and Persistence: ***A Winning Strategy in the Drug War***

by Jim Jones

Persistence and coordinated efforts by policy-makers and law enforcement officials at all levels are needed to achieve a lasting solution to the drug problem.

Americans are a fairly impatient lot. Once a serious national problem has been identified, they demand not only immediate action but also an immediate solution. This is probably as it should be, but the fact is that serious problems are not always subject to instant solution. The drug problem in America is a case in point. In order to solve the problem, it will take years of determined effort by government and the general public.

It is clear that in order to win the war against drug trafficking and abuse the country will have to pursue a program emphasizing drug education, treatment and enforcement. We knew that many years ago. President Bush focused public attention on this type of approach when he announced his drug strategy last year. People may disagree with the relative emphasis on individual elements of the strategy, but there can't be much argument that such a comprehensive and coordinated program is essential to victory.

The country should not allow itself to be sidetracked by peripheral strategies with passing appeal. Often sheer desperation drives us to pursue side strategies when the main strategy does not appear to be producing immediate, concrete results. The frenzy to find an instant solution can divert our attention and resources. We should resist the lure of simple answers. The drug abuse problem did not appear overnight. It grew over many years, fostered by a fairly permissive attitude held by many in positions of influence. With the tremendous amount of drug dependency now spread across this country, it will take many years of dedicated effort to achieve the desired results.

Jim Jones is in his second term as attorney general of Idaho.

Many people say that we need to address the various problems that lead our citizens to turn to drugs. That is certainly true, but the causes are so varied and the solutions so complicated and costly that a more realistic intermediate strategy should be pursued. Some people turn to drugs because of social despair, others from boredom, others from peer pressure, and others because of various needs, desires or problems. The common denominator to addressing all of these problems is to educate the users and potential users as to the real effects of drugs and their ineffectiveness in solving their problems or meeting their needs.

Education Key to Reducing Demand

The schools have been doing a more effective job of drug education but they must do better. Drug education should extend to the lowest grades and should be made available universally. Law enforcement officers and community resources should be used to a greater degree in classrooms. Some studies indicate that education efforts are starting to work but we certainly cannot let up at this point.

The education effort has to a great degree left out an extremely important segment of society — parents. There is no reason why parents should stand on the sidelines, merely observing the drug battle. Greater efforts should be undertaken to educate parents as to their important role in the drug war.

Parents need to know how to recognize potential or real drug problems and how to intervene effectively. They also need to know how they can take preventive action, such as being actively involved in their children's lives and encouraging them to participate in activities that generate a

feeling of self-worth. Kids who are busy with wholesome activities and who feel good about themselves are not as apt to experiment with drugs. Parents can play the key role here but we simply haven't done an effective job of getting them involved in prevention and remediation.

Drug Treatment Needed

Drug treatment also is being recognized as an essential element of a winning strategy. Unless we treat adolescents, penitentiary inmates, and even "yuppies" for their drug dependency problems, we will have continual problems, not only with drug dependent individuals, but others as well. Drug treatment is expensive but non-treatment is more expensive because of the tremendous strains — crime, incarceration, absenteeism, family violence, and so on — it places on society. We must make drug treatment more readily available to drug dependent citizens.

State and local governments will play the major role in day to day enforcement efforts against drug dealers in cities and schools.

States must exercise care in developing a drug treatment strategy because of the tremendous costs involved. Drug treatment can be a bottomless pit. The increased federal support approved last year will help, but states should make as much of their own money as possible available for drug treatment and then determine what target groups should have first call on the funding.

Youngsters and penitentiary inmates should receive first priority for drug treatment funding. Young people deserve a high priority for treatment because early intervention can divert many of them from long-term drug dependency and the resulting tendency toward criminal conduct. Those who are convicted of serious criminal offenses also should be targeted for treatment since most owe their convictions at least in part to drug involvement. Although the results vary, studies generally show that between 70 and 90 percent of prison inmates have serious substance abuse problems. Unless treatment is made available, these individuals are likely to become repeat offenders. Treatment programs designed to address substance abuse problems as inmates are released from the penitentiary system can be very effective in reducing recidivism and involvement with drugs.

Law Enforcement Essential

Another essential element of the drug war is effective enforcement. Drug interdiction by the

federal government is an important part of the enforcement program. Coordinated efforts by federal, state and local law enforcement agencies against traffickers are also essential.

Law enforcement officials at all levels must have the resources to go after the traffickers, prosecute them and put them out of action. However, we must realize that the efforts of law enforcement constitute a holding action. We are essentially holding the traffickers at bay while other programs work to reduce the nation's demand for drugs. The consumers of illegal drugs must be treated and educated so that their desire to consume is kept under control. Initiatives on the supply side of the problem are necessary to give the demand strategy time to work.

However, more adequate resources are needed for law enforcement's holding action. It should be recognized that the greatest burden, except for international and interstate interdiction, has been, and will continue to be, shouldered by state and local governments. There is a danger in assuming that the federal government can, should or will be the major player in the enforcement component of a drug program. Congress and perhaps the administration would have us believe that the federal government will resolve the problem. That simply isn't the case. State and local governments will play the major role in day to day enforcement efforts against drug dealers in cities and schools.

Since local law enforcement agencies seem to have the greatest problem in marshaling assets for drug enforcement, states should consider ways to pass funding to cities, counties and other local government agencies. State grant programs designed to encourage multi-jurisdictional drug task forces can be effective in getting additional monies to the local level where much of the action is, while fostering much-needed interagency coordination and cooperation. This approach borrows from the federal-state relationship envisioned by federal legislation placed on the books in recent years with fairly encouraging results. States can extend the strategy to the grass roots of law enforcement.

Although it is tempting for state and local peace officers to be critical of the federal government's on-again, off-again approach to the drug problem over the last several years, a supportive federal attitude has developed recently. President Bush is to be commended for calling attention to the drug problem and Congress should be congratulated for responding. However, it must be recognized that the additional federal resources will not be enough to do the job and will likely not be available on a long-term basis. The government has run out of new money and the additional monies recently made available for the drug program were diverted from other programs. Efforts will be made to recapture the drug monies

or to divert them to some other future program that captures the fancy of Congress. State and local governments should use the freed up money while it is available but recognize that it does not have a long life expectancy, that it is not a substitute for raising additional monies for drug enforcement, treatment and education at the state and local level. It would be unfortunate if the federal government should financially pre-empt state and local programs, leaving them to falter in future years when federal funds disappear.

Legalization No Solution

In our characteristic and admirable desire to immediately solve the problem, we must carefully evaluate and prudently reject would-be instant solutions. The call for legalization of drugs as a solution to the problem ignores many factors. While it might result in a reduction of violence involved in trafficking, it does nothing to address the underlying problems which lead to substance abuse. Legalization would likely lead us to ignore the causal problems in our society, at least to a greater degree than we now do. Legalization would likely result in a significant increase in

substance abuse and related societal problems. If people are willing now to buy and use drugs, risking serious criminal prosecution, wouldn't they be more inclined to sample and use drugs with tacit government approval and without the risk of prosecution? Legalization is a false answer brought about by frustration, much like the proposal to declare victory in Vietnam and go home.

Legalization is a false answer brought about by frustration, much like the proposal to declare victory in Vietnam and go home.

Instead of looking for other immediate solutions, we should now move forward with determination and resolve. While there is always room for adjusting the overall strategy, the essential elements are already there and we must simply understand that it is going to take some time to achieve the desired results. We can't afford to think that we have resolved the problem by passing last year's drug bill, that the problem is not subject to resolution, that the desired results are going to be achieved this year or next, or any similar conclusion. Persistence is the key and public support is essential.

***The Journal of State Government* 1990** **Editorial Calendar**

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April-June, *Fighting the Drug War.* What's the answer: law enforcement, treatment, education or legalization? Authors include Harvard's Lester Grinspoon, New York Lt. Gov. Stan Lundine, Idaho Attorney General Jim Jones, Yale's David Musto, Edwin Delattre and state and city representatives.

July-September, *Regional Initiatives.* What are states doing to tackle common problems on a regional scale? State officials and others will relate the complexities of interstate solutions to pressing problems in economic development, the environment, criminal justice and education.

States Vital to National Drug Efforts

by Edwin J. Delattre

No national drug policy will ever be effective without the willing participation of state governments.

The powers delegated by the . . . Constitution to the federal government are few and defined. Those which are to remain in the state governments are numerous and indefinite . . . The powers reserved to the several states will extend to all the objects, which, in the ordinary course of affairs, concern the lives, liberties and properties of the people and the internal order, improvement and prosperity of the state.

— JAMES MADISON

If ever the lives, liberties and properties of the people and the internal order, improvement and prosperity of the states were jeopardized by an epidemic, they are jeopardized now by narcotics consumption and dependency. Use of illegal narcotics, stolen prescription drugs and alcohol abuse threaten the American way of life.

The problems spawned by drug consumption and alcohol abuse are grim. They include homelessness and terrifying criminal violence, such as savage gang tyranny over neighborhoods. Narcotics-related public, professional and corporate corruption are rife. Corruption involves the compromise of government officials by bribery and extortion, money laundering of black market profits, insider trading for cocaine and prescription drug scams. Economic costs for alcohol abuse topped the \$100 billion mark in 1983. The Research Triangle Institute of North Carolina estimates that drug-related costs reached that figure in 1988.

The spread of acquired immune-deficiency syndrome among intravenous drug users is staggering, and 23,000 people died in alcohol-related traffic deaths in 1988. Violence against family

members, child abuse and abandonment and the cruel impairment of drug-exposed babies cause permanent human disabilities that will haunt us in future decades. Some educational institutions are under siege, along with health care and treatment facilities. The criminal justice system is swamped with serious drug-related offenses.

What Drugs Do

In individuals, the effects of drugs range from indolence, lethargy, helplessness and corrosion of all aspiration to unbelievable selfishness and disregard for consequences of their actions. In schools, the effects on pupils range from erosion of educational and behavioral standards to total loss of self-purpose. Drug-induced behavior results in property crimes of every kind, high levels of impulsive sexual activity — with related high levels of venereal disease and teen pregnancy — and exposure of students and teachers to sexual crimes and violence.

The grimmest side effects include addicted mothers who sell their small children to rapists for money to buy drugs. Innocent people are slaughtered in drive-by shootings. Children are routinely forced by gang leaders to run drugs and frequently crippled with bullets if they do not run fast enough — 270 such children, between the ages of 9 and 12, were shot by dealers in Detroit alone in 1987.

Illiterate teenage prostitutes on drugs have never heard of AIDS or have been convinced by their pimps that only male homosexuals can transmit or be afflicted with the virus. Terrified and malnourished children come to school after having cowered beneath a blanket all night on the same bed where their mothers or fathers were selling sex for drugs. Drug-exposed babies are born addicted; their brains, eyes, endocrine systems, hearts, lungs and other vital organs are dysfunctional at birth. Even if they survive the

Edwin J. Delattre is the Olin Resident scholar in Applied Ethics in the School of Education at Boston University and an adjunct scholar at the American Enterprise Institute in Washington, DC. He is the author of Character and Cops: Ethics in Policing.

strokes that many of them suffer, many will miss out on the critical time after birth to bond with a mother or mother figure and may well suffer from the inability to form close emotional attachments throughout life.

Not all the problems are so obvious. Drug consumption and alcohol abuse are contagious where we might not initially expect them to be. The contagion comes from attractive and apparently successful and happy students and employees who take drugs and put peer pressure on others to join them. These people give drugs to their friends. Few people just starting to use drugs have any realistic fear of drugs' power to enslave.

The temptations toward drug consumption are intensified where human weakness is compounded by lack of educational and work opportunities, exposure to demeaning social conditions and abject poverty. Less obvious, but equally true, is that human weakness is frequently compounded by conditions of affluence: Drugs take a toll where the young have wealth but little loving supervision, privilege with little responsibility, too much time with too much money and too little ambition, too much tolerance of low expectations, and too much exposure to adults and peers who glorify mindless pleasure-seeking.

National Response Needed

Narcotics consumption and dependency, plus alcohol abuse and addiction, cause such an array of problems in so many segments of our society that only a national response can reduce them. The nation is more than the government. It is much more than the federal government. A truly national response requires direct participation by citizens, families, private sector corporations and non-profit institutions, and government at the local, state and federal levels.

The formulation of national drug control policy in Washington gives America, for the first time, a comprehensive vision for reduction of drug consumption and dependency. The approach stresses that no single remedy for drug problems can be effective in isolation. International diplomatic and economic measures, interdiction, domestic law enforcement, user accountability, education, prevention, treatment and treatment research, private- and public-sector employee assistance programs, conscientious parenthood and the mounting of civic and peer pressure against drugs are all parts of any approach broad enough to succeed.

State Actions Vital

State governments — because of their central obligations to protect life, liberty and property

and to advance improvement and prosperity among the people — play a central part in the national strategy. Most states already have programs within their governor's office to develop and coordinate anti-drug programs.

Many states emphasize a drug-free workplace policy in accordance with the Federal Anti-Drug Abuse Act of 1988; drug-free schools and school zones; drug reduction in public housing; outreach to at-risk youth; special initiatives to deal with intravenous drug abusers; drug testing, counseling, and treatment for state employees; and legislation regulating use of electronic equipment such as paging beepers on school property (NGA, 1989).

People use drugs because they like them. Once addicted, they use them because they are enslaved by them. Many who desperately need treatment do not want it, will not seek it and will commit crimes for money to live whether or not drugs are legal.

As planning and implementation proceed, and the effectiveness of programs becomes more apparent, states will no doubt find several federal recommendations useful. Review of criminal justice resources with an eye to certain and swift punishment for drug traffickers should be joined with consideration of alternative methods of punishment for users. For traffickers and users alike, asset forfeiture and fines will be effective. The establishment of forfeiture funds should supplement the budgets of state and local agencies. At the same time, states should consider confiscating the vehicles of people convicted of drunken driving.

Expansion and evaluation of treatment facilities also will be necessary. States that give treatment the high priority it deserves will need to concentrate on the inmate population of state prisons. About 80 percent of this population has a history of drug consumption that is usually uninterrupted by treatment while incarcerated. Certainly, states will need a strong commitment to drug reduction to resist reducing state funding as federal funds for treatment increase. States that treat federal money as replacement rather than supplementary income will undermine their own purposes.

Wise state leaders will encourage cooperative programs as well. Breaking up drug distribution networks often depends on collaboration among local, state and federal agencies; skilled leadership is needed to overcome turf battles and conflicting reward structures among different government agencies. Availability of information about the movements of traffickers and about effective

drug-reduction programs depends on agencies establishing routine information exchanges not yet in place.

Furthermore, leaders who take a broad view of drug problems will emphasize not just drug education but the reform of schools. They will emphasize standards of performance for students that require diligent study outside of school. They will seek to determine whether academic expectations of students in state-funded colleges and universities are sufficiently demanding to thwart indolence and bad habits.

State leaders should likewise look to the expansion of corporate internship, training and job programs, and to the establishment of volunteer service programs for youth and adults. Despite separation of church and state, there is every reason for churches, civic organizations and PTAs to work together with public institutions at the local and state level. As a people, we are in this together; we need each other to pose a unified front against drugs.

All of this will take enormous fortitude, patience and resolve. And even with intelligence and persistence, we will not eliminate drugs or their effects. Victory means tremendous reductions in demand — and we cannot win in the way an athletic team wins, then change our clothes and go home. Some struggles do not really end, because the nature of human beings does not change over the centuries, and each generation must be schooled anew against the temptations that routinely destroy human lives.

Legalization Not An Answer

Not surprisingly, some commentators on drug policy insist that there must be a quicker, easier way. They propose that we legalize currently illegal narcotics. Though legalization advocates generally admit that drug consumption would rise in the short run, they insist that legalization would take the profits out of drug trafficking. Once the profits are removed, they say, drug-related crime and corruption would be reduced, police would be free to combat other problems, and savings in anti-drug law enforcement could go toward the expansion of treatment programs.

Few people who have studied drug trafficking, the behavior of drug users, or the state of treatment research consider the promises of legalization realistic. They are shallow promises that ignore many overriding facts.

To describe only the most obvious: first, demand for drugs cannot be reduced by treatment alone any more than it can be reduced by law enforce-

ment alone. People use drugs because they like them. Once addicted, they use them because they are enslaved by them. Many who desperately need treatment do not want it, will not seek it and will commit crimes for money to live whether or not drugs are legal. Furthermore, even if every cocaine, crack or ice addict wanted treatment, we do not yet have treatment methods — therapeutic or pharmacological — that are guaranteed to be effective.

Second, selective legalization of drugs will lead to criminal marketing of higher intensity versions than government will provide, and to greater marketing of still illegal drugs. Even if we legalized everything, whether or not we knew how to treat all users, new drugs would regularly be pushed into the market — as crack and ice have been recently. And even if we made inroads into adult markets, traffickers would mount more aggressive sales campaigns with children.

There still would be enormous criminal profits in thwarting legalized drug regulations. Criminal narcotic traffic would persist as surely as criminal traffic in legal prescription drugs persists today.

Third, legalization would put those who are already at risk even more at risk. The disadvantaged — including those who live in high-risk areas and those without strong families — would be hit hard, as most inner-city residents know. The efforts of families, schools, corporations and government to educate youths about the dangers of drugs would be shattered.

The promises of legalization proponents are seductive because they guarantee so much for what seems to be so little. But what legalization advocates ask of us is not little at all. They ask us, in the words of William Safire, to "put cheap, mind-destroying chemicals in millions of school knapsacks" (Safire, 1990). They ask us to ignore the current consequences of alcohol consumption by minors. And they ask us to risk the future on the promise that everything has one remedy: education and treatment. To them, the reply is that we are expanding education and treatment without legalization. Enormous risks are irresponsible when we can accomplish everything legalization promises without taking those risks.

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Hidden Dangers of the Drug War

by David F. Musto

We are in our second drug war. There is a debate over the amount of resources applied to this war, the balance between supply and demand side allocations, the extent of treatment facilities and the need for more prison space. But that a war is underway is generally agreed.

A great change in attitude regarding drugs has taken place among Americans since this war began in the late 1960s. The momentum has shifted from a search for new drug experiences to a fear of drugs' effect on the body and mind. Not everyone is enlisted in the war and the shift in popular sentiment is so gradual from one year to the next that change is difficult to sense. The decline in consumption of alcohol and tobacco and surveys of public attitudes regarding illicit drugs, however, show a steady trend against the use of mood-altering drugs since the high-point of toleration in 1978-79 — except for cocaine and crack. The crack/cocaine problem appears to be flourishing. Killings, either random or as part of cocaine-selling turf battles, terrify residents of many inner-city neighborhoods. The effect of cocaine use on the emotions and behavior of users is frightening. How do we fit the "crack epidemic" into the anti-drug attitude that has been growing over the last decade? Is there any precedent for the spread of cocaine across the nation? Are we doomed to a continuous conflagration?

Cocaine began to be a topic for the media and a delight for the well-to-do in the early 1970s. Some experts assured the public that the drug was a harmless tonic and argued for its legalization on that basis.

Gradually more people began using cocaine as its price fell and word of its ability to cause euphoria spread. Crack is a smokable form of cocaine that delivers an intensity of stimulation to the brain rivaled only by direct injection into a

blood vessel. The negative physical and mental effects of cocaine are magnified by crack use, although to a cocaine user, the intensified effect is desirable.

Not everyone who experiments with a dangerous drug becomes addicted to it. The percentage of users who get in trouble or become confused or violent during the early years of a drug's introduction may seem insignificant. Our natural sense of invulnerability and the pleasurable effect of the drug lead users to see the chance of success to be, say, 90 percent. Gradually the casualties accumulate and users multiply. In the case of cocaine, it is difficult to predict who is likely to become addicted. Addicts range from the successful and powerful to the poor and alienated.

Cocaine's First Fall

The time required for a nation to shift its attitude against a drug like cocaine can be frustratingly slow, especially to those who have decided that it is dangerous. Yet in American history there has been no other drug widely used for recreational purposes which has fallen so far in esteem as cocaine. From being an ideal tonic, cocaine has plunged to being the most dangerous of substances — the model bad drug. This happened in the first cocaine epidemic which began in 1885 and lasted until after World War I. Moving from its introduction as a harmless tonic to its popular perception as an extremely dangerous substance took about 15 years. In 1910, 25 years after cocaine's debut, the drug was called "more appalling in its effects than any other habit-forming drug used in the United States" in President Taft's report to Congress.

David F. Musto is professor of psychiatry and the history of medicine at Yale University. He is the author of The American Disease: Origins of Narcotic Control, a history of drug attitudes and policy in the United States.

When Americans begin to fear the actual effects of cocaine on the mind — not its cost or purity — the perception of the drug's dangers to the casual user shifts from optimism based on the earlier estimates of safety to the possibility that anyone may fall to its allure. At this stage, a 10 percent chance of deep and irrational addiction is as frightening as riding in an airplane with a 10 percent chance of crashing.

If we demand or expect change to come more rapidly than it can, we may conclude that anti-drug measures are failing when their effectiveness may be as good as can be achieved with a population of a quarter-billion.

Cocaine's affects on the user can create the stereotype of the crazed "dope-fiend:" impulsive, violent behavior and bizarre, paranoid thinking. Cocaine doesn't even hold the last-ditch hope that distributing the drug will quiet the user's agitation and danger to the public. Cocaine taken on a regular basis does not calm or normalize behavior as may occur with opiate users, but only intensifies undesirable traits.

A Slow Process

The combination of cocaine's promise of extreme pleasure with its perception as the ultimate in dangerous drugs is a powerful persuader to the vast majority of Americans who feel cocaine is too dangerous. This attitude shift in a drug epidemic, from seeing a drug as valuable and safe if used with expertise, to seeing it as dangerous in any amount, is fundamental in reducing its demand. The progress of this rejection percolated slowly through American society: it is first noticed among those who are alert to health advice and want to maintain a stable lifestyle. If the last cocaine epidemic is a guide, cocaine ultimately is seen as having no redeeming qualities by the vast majority of Americans. Peer pressure for experimenting with cocaine shifts to peer pressure against trying it once. The power of this shift in attitude is enormous, for cocaine was virtually extinguished from American life by the 1940s until new, uninformed generations rediscovered cocaine's appeal in the 1970s.

Contrast the almost total rejection of cocaine in any amount, as occurred during the cocaine prohibition after World War I, with the divided attitude toward alcohol during its prohibition from 1920-1933. At the peak of alcohol prohibition in the early 1920s, it is doubtful whether much more than a bare majority favored making beverage alcohol illegal. Alcohol prohibition never re-

ceived the broad consensus that cocaine prohibition achieved.

Drug Use Is Falling

Thus far, the implication of the first epidemic's history is that gradually demand will decline, slowly but effectively. The recent National Household Survey reported a decline in casual drug use of 37 percent during the last three years. However, serious cocaine use persisted. This appears to reflect a change in attitude, as does the steady decline in regular marijuana use among high school seniors over the last decade. The shift has been accompanied by growing educational campaigns against drug use, increased penalties, more arrests and incarcerations, and increased public awareness. Clearly the change in attitude has been reflected in a growing unanimity against drugs, which has permitted controls impossible to enact in the mid-1970s.

The cohesion of communities' social structures — education, criminal justice, health, religion and media — gradually reduces drug use toleration.

And, policy-makers need to recognize that the time-line of perceptual change is gradual compared to rising public fear of cocaine and anger at its users. If we demand or expect change to come more rapidly than it can, we may conclude that anti-drug measures are failing when their effectiveness may be as good as can be achieved with a population of a quarter-billion. It is this popular insistence on quick remedies that puts the drug issue into the partisan political arena. Parties vie for a quick solution. Politicians' optimism or pessimism in describing the drug problem is skewed towards their role in the war.

There is, however, an even less perceptible but more serious error into which we can slip. The first cocaine epidemic and other waves of drug use illustrate this hazard. Extremely feared drugs, such as cocaine, with their dangerous image and multifarious paths to personal and social damage, easily merge in our minds with our other fears and problems.

Blaming Ethnic Groups

The public perception of cocaine peaked around the turn of the century and coincided with a rise in fear among white Americans regarding blacks, especially in the South. Lynchings reached a peak along with the loss of black voting rights. Cocaine became accepted as the reason for black hostility. To many, cocaine was a black drug, although evidence exists that both groups used cocaine and that blacks did not use it more than whites.

It is evident that a similar linkage could be forged in our minds about drug use and the inner city regions where many blacks and Hispanics live. Public anger at cocaine and its users makes it tempting to blame its wrath on certain ethnic groups. In addition, our demand for punishment simplifies the problem of how to deal with the inner city. It is a short step to saying — or assuming — that the inner city is composed of drug abusers who do not deserve support for schools and community. Yet the lives lost fighting drugs and trying to reclaim streets from drug dealers and users are predominantly in the inner city. The power of drug imagery and the pressure we feel to simplify our fears create what seems, almost a magnetic attraction between different social fears. When we look at the history of drugs, the connection may seem so reasonable at the time, that we easily fall into simplistic explanations.

There are many long-term damages as a result of these associations. Of course, expressing our

anger may be not only the easiest path, but it also is satisfying. Law enforcement comes under public pressure simply to make more arrests. In an atmosphere of fear and anger, investment in schools is more difficult to justify than investment in prisons. Those in the inner cities fighting for their neighborhoods can be left to wither, thereby fulfilling the accusation that the inhabitants are "just a bunch of drug users."

Public anger at cocaine and its users makes it tempting to blame its wrath on certain ethnic groups.

One of the values of knowing the history of drug use and policy in America is that we are warned against indulging our most powerful instincts. We also are given hope that demand for drugs — even cocaine — can be constructively reduced over time if we do not succumb to frustration.

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NOVEMBER — State-tribal relations. State relations with Indian tribes. Services to tribes. Gambling and revenue raising on the reservation.

DECEMBER — Continuing the drug wars. An update on tactics states are taking in combating illegal drugs.

A Harmfulness Tax:

Legalize and Tax Drugs

by Lester Grinspoon

*A fool, if he obeyed, may punish crimes as well as another;
But the true statesman is he who knows how to prevent them.*

—Rousseau

In the era of the Volstead Act, H.L. Mencken said of the alcohol problem that between the distillers and saloonkeepers on one side and the prohibitionists on the other, no intelligent person thought there was any solution at all. The same may be true of the illicit drug problem today, with its traffickers and users on one side and its moralists and police on the other. Only the problem is perhaps more serious because the acceptable range of solutions is so narrow. The report of the President's Commission on Organized Crime and the more recently elaborated Bush-Bennett plan suggest how things are going right now. There is very little effective opposition to prohibition.

The American war on drugs began with the Harrison Narcotics Act in 1914 and has escalated in the last 20 years. Federal, state and local governments now spend an estimated \$8 to \$9 billion a year on direct drug enforcement activities and millions more to house and feed the drug dealers and users who comprise one-third of federal prisoners and contribute substantially to the need to build more prisons. It is said that the pendulum of public attitudes swings back and forth between harshness and leniency in drug control. If there was some swing toward leniency in the early 70s, it now appears to be going the other way, as indicated by the September 1989 White House paper on National Drug Control Strategy. This Bush-Bennett plan calls for even more spending on law enforcement.

Drugs enter the United States at a growing rate despite the war effort, although that effort does inflate prices and keep the drug dealers' franchises lucrative. Another consequence is

drug-related crime and violence, a product of the black market in drugs now as it was a product of the black market in alcohol in the 1920s. The threat to civil liberties grows as the warriors, already by necessity using entrapment and informers, make plans to send in the army and examine everyone's urine periodically. They are already testing the urine of federal employees randomly.

Any serious approach to this problem (as opposed to the present one) demands a recognition of complexity and ambiguity. We have to compromise between social reality and the dream of a drug free society. We may have to acknowledge that the use of drugs and alcohol has benefits as well as dangers. The main obstacle to thinking about serious alternatives to present policies is that no one in government wants to give up the symbolism of the criminal law or the commitment that has been made over the last 70 years, not only in the United States but all over the world to treating drugs as a criminal problem.

Ambient Public Attitude

But there is a great deal of public ambivalence, or, to put it less kindly, hypocrisy, where this issue is concerned. The moral consensus about the evil of drugs is often passionate but sometimes shallow. We pretend that eliminating the drug traffic is like eliminating slavery or piracy, or sometimes as though it were like eradicating smallpox or malaria. But no one would suggest that we legalize piracy or give up the effort to eradicate infectious diseases, yet conservative authorities like economist Milton Friedman and the *Economist* of London have suggested legalization of drugs.

Lester Grinspoon is an associate professor of psychiatry at Harvard Medical School, Boston, and has written numerous books on drugs.

Despite the hysterical rhetoric we often hear, drug control is not a settled issue in the same sense. Or rather, the need for that kind of rhetoric is a sign that it is not a settled issue. On the one hand, it is accepted in public discourse that everything possible has to be done to prevent people from using any of the controlled substances. On the other hand, there is an informal lore of drug use that is more tolerant. At one time it looked as though the forms of public discourse and this private language were coming closer together. Now they seem to be drifting apart again. A type of pretense that we have long abandoned, in the case of alcohol, is still considered the only respectable position where other drugs are concerned. Ambivalence (to put it kindly) or hypocrisy (to put it unkindly) have always been an undercurrent in public attitudes toward drugs, even while the criminal control system becomes more and more entrenched. That undercurrent is what leaves room for the possibility of change.

A Plan for Legalization

I would like to suggest a proposal for a non-criminal approach to recreational drugs. Let currently controlled substances be legalized and taxed. The taxes would be used for drug education and for paying the medical and social costs of drug abuse. A commission would be established to determine these costs separately for each drug, and the rate of taxation would be adjusted to reflect the information gathered by the commission. Thus the government would acknowledge the impossibility of eliminating all drug use and use its taxing power and educational authority to encourage safer drug use. The drugs that are now legal, alcohol and tobacco, would not be distinguished from the others.

To illustrate the kind of calculation involved, it was recently estimated that direct health care costs plus indirect losses in productivity and earnings due to cigarettes amount to \$65 billion a year, or about \$2 a pack. (The exact figures depend on how costs are defined; for example, the economic loss from smoking may be balanced in a perverse way, by the lowered cost of caring for chronic disabling diseases of old age in a society where many die young of smoking-related illness.) Such a taxation policy might be regarded as a way of making people buy insurance for the risks to themselves and others because of their drug use of drugs. Life insurance companies already offer substantial discounts in their premiums for non-smokers, and this insurance preference is slowly being extended to fire and other insurance policies.

The program might be instituted in phases, so that we could adjust and learn more before committing ourselves fully. Phase one might involve

alcohol, tobacco and cannabis: alcohol and tobacco because they are already legal; cannabis because it is probably the least dangerous drug used for pleasure. They all could be sold through specially licensed outlets at prices determined by the commission. Advertising would be banned. Present prices might be maintained at the start. Then, as the commission collected more information, pricing could change to reflect social costs. If this system works as hoped, data eventually would indicate that these drugs are causing less and less harm. At that point we could consider bringing other drugs into the system.

No More Drug Wars

The advantage is that we would no longer have the expense, corruption, chaos and terror of the war between drug traffickers and narcotics agents. In this war a kind of self-reinforcing cycle is developing. Drug enforcement operations begin to pay for themselves by funds confiscated from the drug traffickers whose operations they make enormously profitable. The taxing system suggested here would establish a different revenue cycle, in which society would pay for the costs of drug abuse by extracting them from the drug users in proportion to the amount they contribute to the problem. The commission that supervised this taxing system also would serve as an educator and guide to society — an educator not constrained by the present totally unrealistic assumption, built into the criminal law, that any use of certain drugs must be evil or dangerous, while other drugs have a range of benign and harmful uses. Honest drug education would become possible.

Let currently controlled substances be legalized and taxed. The taxes would be used for drug education and for paying the medical and social costs of drug abuse.

Is it plausible to think that this arrangement would work? Would it be possible to tax drugs enough to pay for their costs? Even if it were possible, would drug abuse increase so much that we would be paying too high a price in personal and social misery? Is the elasticity of demand great enough so that taxing would substantially influence the amount of drugs consumed, especially by heavy users? Evidence on all this is very uncertain, even in the cases of alcohol and tobacco, where most research has been done. There is a large literature on the distribution curve of alcohol consumption among individuals in society, most of which concludes that any policy designed to cut total consumption will at least proportion-

ately reduce alcohol use among problem drinkers and, therefore, the medical and social costs of alcohol abuse. The demand is elastic enough, even among alcohol users who create problems by their use, to be affected by a rise in price. In fact, there is some evidence that in countries where the price of alcohol is relatively higher there are fewer alcohol problems and the same is true for states within the United States.

Curbing Drug Demand

There also is some evidence of elasticity of demand for heroin addicts. Several studies suggest that addicts adjust the size of their habits to the price of heroin. One authority on heroin control has said that criminal law would be effective in cutting down heroin from five minutes to two hours. This is the "crime tariff." The criminal law makes it risky to manufacture and distribute the drug. This raises its cost to the consumer, who therefore needs more time to earn or steal enough money to obtain it and restricts accessibility, so that the consumer has to spend more time finding out where to get it. The question is whether through taxation we could impose a limitation similar to the crime tariff but more efficiently and with fewer monstrous side effects.

What about cocaine demand? The barrage of drug-war publicity has obscured the fact that the number of people using cocaine is declining.

Inelasticity of demand is greatest in the case of tobacco, because nicotine is one of the most highly addicting substances. Nevertheless, it is clear that even here raising the price by taxes has considerable effect on consumption. Research suggests that for every 10 percent increase in cigarette prices, consumption will decrease about 4 percent. Some studies suggest that the price affects mainly the decision to start smoking regularly rather than the quantity smoked by an already addicted smoker. Thus the short run impact of extra taxation would be small, and it would reduce cigarette smoking only in the long run. Other studies find that as the average costs of tobacco is raised the income elasticity of demand increases, that is, poorer people are more deterred from cigarette consumption than richer ones.

A problem raised by any system of authorized sales is the black market. The tax would have to be set low enough so that a black market would not be profitable. It is possible to do this and still reduce demand for the drug considerably, as the case of alcohol seems to show. On the other hand, it is not clear whether any tax low enough to prevent a substantial black market would be high

enough to pay for the social and medical costs of the drug use. Certainly present taxes on alcohol are far from doing that. It might prove impossible to create a system that would make the abusers of a drug, or even its users, pay for the full costs of abuse. Maybe this problem is practically insoluble. Certainly the criminal law approach offers no solution for it.

We simply don't know the amount of drug use and the seriousness of drug problems that would exist under this kind of system — whether a legal taxation system would have the same effect as the current crime tariff. One way to study the issue might be to examine the effect on gambling habits of the institution of state lotteries in competition with illegal numbers games. In any case, to undertake such a bold move we would have to decide that the deprivation of freedom and the damage wrought by prohibition is greater than the damage attendant on an increment of drug use, much as we did when we decided to repeal the Volstead Act.

Models for Legislation

There are already some models available for legalization or quasi-legalization. In Amsterdam, there is a union or organization of drug users and addicts that advises officials. Heroin addicts get free methadone and marijuana is sold at openly tolerated cannabis cafes. Alaska allows its citizens to grow marijuana for household use and several other states have reduced the penalties for marijuana possession to fines similar to traffic tickets. In one of these states, Maine, a \$300,000 a-year outlay on law enforcement was converted to a \$20,000 gain for the state treasury with no increase in marijuana use.

Many might agree that the harmfulness tax approach would work if it were limited to alcohol, tobacco and cannabis. But what about cocaine? Well, consider the present alternatives. The Bush-Bennett plan, perhaps because its authors realize that the demand reduction, particularly in the inner city, will be difficult to achieve, aims at eliminating production of cocaine. But the so-called Andean strategy of interrupting South American supplies is bound to fail for simple reasons of botany. The assumption seems to be that coca grows only in Peru, Bolivia and Colombia. In reality, the coca bush will grow in any place where certain conditions are met: an altitude of 1500 to 6000 feet, continuous high humidity, a uniform average temperature of 65 degrees throughout the year and soil free of limestone. Coca thrives on land that is too poor for other crops. In the past it has been grown commercially in Jamaica, Madagascar, India, Ceylon and especially Java. Even if, implausible, the coca bush could be destroyed

in the Andes, it would soon be blooming again elsewhere, just as the cultivation of opium poppies increased in Iran and Afghanistan when it was curtailed in the Far East. Let's hope we don't have to see American soldiers coming home in body bags before we realize that the Andean strategy will never eliminate the supply of drugs.

Parenthetically, it is worth noting the absurdity of our national self-righteousness with respect to Colombian cocaine entrepreneurs. The United States manufactures 600 billion cigarettes a year and sends 100 billion overseas. The 500 billion cigarettes consumed yearly at home cause 400,000 deaths; by extrapolation, our export trade causes 80,000 deaths abroad — far more than the number of deaths cocaine produces in this country. Furthermore, the Colombian government at least offers no official encouragement to the cocaine traffic, our government subsidizes tobacco cultivation and cigarette exports with the enthusiastic support of some of the fiercest congressional anti-drug warriors. Our government has no right to be morally indignant.

Cocaine Use Down

What about cocaine demand? The barrage of drug-war publicity has obscured the fact that the number of people using cocaine is declining. The reason is that the middle class is giving up the drug, just as it continues to give up the even more addictive nicotine. When people who are not oth-

erwise desperate become aware of the dangers of drugs, they begin to avoid them. The cocaine problem is not improving, because it is largely a problem of the inner cities. Conditions there are worse now than they were when the Kerner Commission made its report 20 years ago. Increasingly, cocaine users are people who feel hopeless, trapped and alienated, who are able to find only miserable jobs at low pay or no job at all. When these people are exposed to crack cocaine, they have three choices: a) they can ignore it; b) they can seek respite by using the drug for a 20 minute holiday during which they feel good about themselves and hopeful about their situation; it is an illusion, but they have nothing better; c) they can decide to sell crack in hope of getting rich and buying the luxury products with which our consumer society tantalizes them. This, at least, is not always an illusion; crack provides a genuine entrepreneurial opportunity for a few.

The social, psychological and economic pressure moving young people in the inner city toward options b and c are enormous. Crack is powerfully attractive to demoralized people in a desperate social situation. Admittedly, the harmfulness tax is not an answer to this problem. But the answer is even less likely to be found in criminal law enforcement, which Bush and Bennett practically equate with prevention. No policy aimed directly at drugs and drug users can deal with the social issues that are the true heart of what is loosely, inadequately and propagandistically labeled the "drug problem."

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Cities Need Money to Fight Drugs

by Julio Barreto Jr. and Janet E. Quist

The federal government's refusal to involve municipalities in its drug plan is not only insulting but is hampering efforts to stop drug use in inner cities.

President Bush has stated that the U.S. is winning the war against casual drug use, but is losing in the nation's inner cities.

The growing number of people involved in the drug trade combined with the enormous profits have unleashed a wave of violence unprecedented in our cities and towns. In Washington D.C., the homicide rate has tripled in four years and is already on a record pace for 1990 (*New York Times* and *The Washington Post*). In Los Angeles County, the district attorney predicted 515 slayings by local gangs in 1989 vs. 212 in 1984. Forty percent of the 138 people killed in Kansas City, Mo., were drug related as were 25 percent of the 96 slayings in Columbus, Ohio (*New York Times*).

Despite the president's recognition of the critical role cities play in the war on drugs, his strategy provides no direct funding for cities, no federal-municipal partnership and no recognition of local efforts.

Funding the War on Drugs

If cities are to fight back against drugs, the federal government needs to wage a real war based on a commitment to do whatever it takes to win. Nearly six months after proposing a \$300 billion bailout of the savings and loan industry, the president released an anti-drug strategy that resulted in a net reduction in federal assistance to cities and no direct federal-municipal relationship.

There was no discussion of deficit reduction when the president was asked to commit between \$160 billion to \$300 billion to the savings and loan bailout. Moreover, before the session is over, Congress will be asked to come up with as much

as \$10 billion. How is it we can commit virtually unlimited resources to bail out the savings and loan industry, but not even a net new dollar increase for cities fighting the spread of drugs? How is it we can make a major federal commitment to eliminate one drug dealer in Panama, but make no such similar commitment in cities and towns across the country?

The federal government already has spent in excess of \$20 billion fighting drugs over the last 10 years. Yet only 3 percent of those funds has reached state and local governments. Additionally, in spite of the federal government's financial contributions and programs designed to stop the inbound flow of drugs in the United States, the amount of drugs infiltrating our borders has increased, while the price for drugs has decreased.

The president's commitment to end the war on drugs should, at minimum, equal his commitment to save the savings and loan industry. Cities need money to be sent directly to them if the battle against drugs is to be won in our streets. These funds must be administered as efficiently and quickly as possible to prevent delays. These funds also should allow for enough flexibility so that the drug problem in Los Angeles, Chicago, Evergreen Park, Ill., Arlington, Tenn. and Scottsbluff, Neb., can be adequately addressed.

Federal-municipal Partnerships

The president's initiative calls for increased federal, state and local cooperation to curtail this drug crisis. Yet, despite countless invitations, Drug Control Policy Director William Bennett has not met with local officials to discuss their problems.

The president's and Bennett's assertion that sending funds directly to local governments is not "the most effective use of federal assistance" is

Julio Barreto Jr. is a policy analyst and Janet E. Quist is a legislative counsel for the National League of Cities in Washington DC.

an insult to the efforts already undertaken by local governments.

The overriding argument of the administration and the federal government is that a statewide plan is necessary to attack the flow of drugs. The argument is that a statewide strategy cannot be achieved without state control of the funds.

Yet state plans tend not to reflect the reality of inner cities and often are designed without the involvement of local officials. This lack of local involvement, combined with the long and cumbersome process of receiving funds through states, eliminates any role local officials can play in developing an effective anti-drug strategy.

Local Efforts Hindered

The profit potential generated by the drug trade, fueled by the huge demand for drugs, has hindered federal efforts to curb the flow of drugs into this country. According to the Congressional Research Service, Americans spend more than \$50 billion a year on drugs, four-fifths of which originate on foreign soil.

CRS estimates that in 1985, cocaine, heroin and marijuana worth \$1.6 billion outside the United States increased in value to \$10 billion at U.S. points of entry and returned \$51 billion on the street. Where cocaine was once the drug of choice for the well-to-do, the emergence of crack has created new opportunities for individuals previously excluded from the cocaine trade.

Combating this drug trade is an expensive endeavor for cities. According to the United States Conference of Mayors' Police Policy Board, local governments spend \$15 billion annually for anti-drug and anti-crime efforts. In 1985, cities and counties spent more than \$25 billion on justice activities while states spent less than \$15 billion and the federal government less than \$6 billion. Houston spends approximately 10 percent of its \$150 million operating budget on its drug problems. San Antonio, Texas is spending \$1.8 million in local dollars on anti-drug efforts.

Trading off of scarce federal resources from critical domestic programs to fund the war on drugs, as proposed in the president's initiative, severely limits alternatives that can be offered to those lured into the drug trade.

Additionally, cuts in domestic programs over the last 10 years have resulted in local govern-

ments assuming increased responsibilities with dwindling resources. Yet with limited revenue options, local governments are expected to spend more on the drug fight.

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Despite limited federal support, cities are taking the lead in fighting back against drugs. For example, in New Orleans senior citizens are encouraged to talk to young people in their community about the dangers of drugs; Grants Pass, Ore., has a number of education programs for students, parents and city personnel; Baltimore passed an ordinance that called for tougher penalties for dealing drugs near schools; Covington, Ky., passed an ordinance certifying the city as a drug free workplace; the Berkley Library in Berkley, Mich., is helping local residents become more aware of drug problems and how to combat illegal drugs; and, in Addison, Ill., a fifth grade class signed a pledge sheet saying they will stay away from drugs.

As a show of how local governments are involved in the fight against drugs, the National League of Cities' Cities Fight Back Against Drugs Week Dec. 3-9, 1989, resulted in more than 250 cities nationwide passing anti-drug resolutions and proclamations.

Fight the Problem

Much of the federal war on drugs is a Band-aid for underlying problems. To the extent the federal government ignores poverty, says it cannot afford to fully fund Head Start, underinvests in primary education, low-income health care, and housing, the drug problem in inner cities will only get worse. For too many young people from broken, poor families, drugs offer the only way to what we were all raised to understand was the American way — that any child born anywhere can make it to the top.

If the president is serious, then he must make a long term commitment to a federal-urban partnership that proclaims war on the causes of drugs — not the symptoms.

States Must Lead Local Efforts

by Donald L. Reisig and Richard J. Liles

Only by using a common strategy can states and local governments make America drug free.

The drug crisis confronting our nation — with all of its debate and controversy — is far too important to fall victim to regionalism or provincialism.

We must, as a nation, take on a renewed determination to eradicate the demand for drugs. This is not a fight that we can leave to some Peruvian policeman or Colombian judge. The battle against drugs will not be won in the cocoa fields of the Andean nations or the jungles of Burma.

The battle must be fought in the streets, offices, homes, factories, malls, schools, churches, playgrounds, statehouses and city halls in the United States. Only when we, as a people, recognize our responsibilities can we direct our energies to innovative strategies of demand reduction, community-based prevention and supply interdiction.

A comprehensive drug war will not be won on a single front. The battle must be fought at every level of government — federal, state and local — and every community and citizen must become involved. A comprehensive strategy must address prevention, education, treatment, early interdiction and law enforcement.

But, such strategies are not easy to implement. The moment federal funds are allocated as part of a national initiative, the age-old arguments for local control are voiced. Representatives of municipalities bring forth the traditional arguments for a "direct pipeline" of funding that would bypass "state bureaucracies" and allow those on the "front line" to accept funds and implement programs. The proposition that local governments are better equipped to receive and administer federal program funds surfaces in debate each time a new federal assistance program is created, and

is, of course, currently being vocally enunciated in relation to the Anti-Drug Abuse Act of 1988.

There clearly exists a continuing need for coordination of a comprehensive strategy directed at substance abuse and drugs. The federal government, states, cities, counties, villages and townships must work together to promote anti-drug policies and programs, that emphasize mutual interdependence, and work best when there are common statewide strategies.

The nation's governors have responded to the drug crisis by supporting prevention, education and treatment, as well as apprehension, adjudication and incapacitation for drug dealers. A recent National Governors' Association survey indicated that governors in 49 states and territories had designated a single state agency or individual with responsibility for developing and coordinating state drug abuse strategies. The nation's governors have made a clear demonstration of their commitment to strong state programs. They recognize that successful anti-drug programs depend upon coordinated state strategies that are comprehensive and unimpeded by jurisdictional limitations, and that permit state and federal funds to be used for effective and accountable programs.

Michigan Coordinates Efforts

Michigan Gov. James J. Blanchard created the Office of Drug Agencies to ensure comprehensive planning and coordination of anti-drug activities. Coordination is the key to a multi-faceted, successful anti-drug initiative involving federal, state and local programs, personnel and financial resources.

The need for collaborative statewide efforts is evidenced by a recent study of anti-drug efforts within Michigan. Michigan's survey indicated that the total estimated dollar expenditure for 1989 for direct and indirect substance abuse costs

Donald L. Reisig is the Michigan director of drug agencies. He has served as a prosecutor, circuit court judge and most recently as an attorney in private practice and president of the State Bar of Michigan. Dr. Richard J. Liles is the Michigan staff director of the Governor's Partners Against Crime.

exceeded \$250 million. Of the 19 principal state departments and agencies included in the survey, only four reported no direct expenditures related to substance abuse. These figures reflect only state expenses and not those of counties, cities, villages and townships. The survey could not effectively compile many indirect expenses, such as the costs of substance abuse in the workplace.

The failure to implement effective and cost efficient strategies in a timely fashion can be costly in terms of dollars and human potential. At the same time, duplicative unevaluated drug programs can be costly and unproductive. Coordinated and cooperative drug strategies, however, can be cost efficient. Few communities have the resources or programs to "go it alone" in providing the human resources needed to combat drug abuse. Collaboration between state and local agencies on anti-drug programs can make a lasting impact on substance abuse.

No Boundaries for Drug Dealers

Coordinated strategies are particularly important in law enforcement. Most criminal drug enterprises are not based within the discreet jurisdictional boundaries established for the purpose of governance. An uncoordinated local response is likely to take only a small bite out of a much larger problem. Drug dealers are mobile; they can quickly move their operations from place to place to avoid detection or increase "marketing" opportunities. Coordinated law enforcement responses have interdicted large multi-jurisdictional drug enterprises — which could not be dealt with by a single city police agency.

The Michigan Drug Strategy stresses collaborative efforts through 23 multi-jurisdictional cooperative teams made up of state troopers, county sheriffs and municipal police officers. Statewide coverage, even in rural areas, is accomplished by this strategy. The teams share the informational resources of participating law enforcement agencies. Much more can be accomplished with fewer dollars than with a strategy of separate funding for each of the more than 600 organized police/sheriff departments in the state.

In a 1984 critique of the federal "war on crime" of the previous decade, John Hudzik of Michigan State University's School of Criminal Justice suggested that successful law enforcement depended upon coordination, cooperation and collaboration among law enforcement and other governmental agencies. For a productive anti-drug effort, cooperation and coordination are essential between sometimes competing law enforcement agencies. Close collaboration among those in drug prevention, treatment and law enforcement is needed.

From Courts to Treatment

Courts and corrections are important to drug strategies, further demonstrating the need for statewide coordination and planning. In a recent *New York Times* article, Nolan Jones of the National Governors' Association asked, "What good is it if they use this money to arrest a lot more people, but we don't have the prisons to house them?" In most jurisdictions, the judiciary and penal system are a primary responsibility of the state. A cogent statewide strategy can address major criminal justice concerns that extend beyond local considerations. Sufficient prison capacity, efficient court administration, quality alternatives to incarceration, adequate treatment facilities and properly trained personnel affect all communities. Comprehensive strategies can help the criminal justice system provide effective enforcement and support services to local communities.

Coordinated and cooperative drug strategies, however, can be cost efficient. Few communities have the resources or programs to "go it alone" in providing the human resources needed to combat drug abuse. Collaboration between state and local agencies on anti-drug programs can make a lasting impact on substance abuse.

To focus only on the criminal justice system is a mistake. A comprehensive anti-drug program involves not only police, courts and corrections, but also substance abuse treatment, social services, school and educational programs and community prevention activities. A drug strategy must be comprehensive.

Joseph Califano, former secretary of Health, Education and Welfare, recently said, "Mounting a serious attack on addiction will be costly and frustrating. We will make plenty of mistakes. But fear of failure should not lead us to the despair of legalization. What we should fear above all is the judgment of God and history if we, the most affluent people on earth, free to act as we choose, choose not even to try!"

Public drug treatment programs are primarily funded by states, supplemented by federal Alcohol, Drug Abuse and Mental Health Administration block grants. In allocating such scarce resources, a comprehensive state plan is needed for treatment services. An inclusive approach ensures timely and efficient services and permits programs targeted to specific needs regardless of where people live. Crack, cocaine, IV drug use and pregnant crack addicts are not indigenous to limited geographical areas. Most intervention and treatment programs are funded by states.

Prevention and education also require a common strategy. Though most states permit curriculum autonomy to local school districts, they prescribe fundamental educational programs and supplement local expenditures. Drug education on an ad-hoc community by community, school district by school district basis is simply not an optimum use of resources. Michigan provides drug education as part of its statewide health curriculum. If the limited federal funds for education had been allocated directly to local school districts, it would have been impossible to develop the statewide model or efficiently implement it.

An uncoordinated local response is likely to take only a small bite out of a much larger problem. Drug dealers are mobile; they can quickly move their operations from place to place to avoid detection or increase "marketing" opportunities.

The states are in the unique position of helping to guide and assist local governments. Michigan uses police officers to teach prevention in schools through Drug Abuse Resistance Education or DARE. The state police have trained 131 local law enforcement officers as DARE instructors. Last year more than 30,000 fifth and sixth grade children were provided drug abuse resistance education. The programs are conducted through local police departments and schools, and coordinated by the Michigan State Police. The governor's 1990 drug strategy calls for increasing state training resources and providing incentives for more communities to participate.

Blanchard's 1990 drug initiative also includes a program to aid neighborhoods. Community Officers Patrolling Streets (COPS) is funded through a cooperative effort involving the state Department of Commerce, the offices of Criminal Justice and Drug Agencies, and the Michigan Neighborhood Builders Alliance. State agencies, neighborhood groups and local police will cooperate in a collaborative and comprehensive program to rid streets of drug dealers, combat crime, and reawaken deteriorating neighborhoods. Neither Michigan's DARE program or COPS initiative could have been developed or implemented without a statewide coordinated effort.

We are a nation of diverse and heterogeneous people. We have different ethnic, religious, racial

and cultural heritages, and unique forms of government and methods of delivering human services. The town meetings of New England may have little in common with complex governmental institutions in metropolitan areas. Still, state government remains the primary unit for delivering fundamental human services and for providing law and justice to all.

Neither the federal constitution, nor the state constitutions, recognize "per se" the "city state" concept — an autonomous megalopolis capable of self-sustaining and independent existence. This does not mean that the "home-rule" status of municipalities should not be recognized and encouraged. Nor does it mean state drug programs should not consider the discreet needs of local government. The states are duty bound to fairly allocate and quickly use federal funds which may become available. The primary responsibility, however, for development of effective and efficient strategies remains with state government. This requires recognizing legitimate concerns of local government and implementing coordinated comprehensive programs that meet the needs of citizens of the entire state.

In fighting substance abuse, our common goal is to end the destructive and corruptive influences of drugs and alcohol upon the health and lives of our citizens. Attitudes are beginning to change. By working together and by developing common strategies and goals at the federal, state and local levels of government, we will not fail in our efforts to create a drug-free America.

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